

SEE REVERSE SIDE FOR INSTRUCTIONS

1. ☐ New Exempt Registration ☐ Stamp Renewal Only ☐ Re-Registration and/or Stamps ☐ Name Change Only
2. Business Type: (Check One) ☐ Sole Proprietorship ☐ Partnership ☐ Corporation _____ State of Incorporation _____

3. Full Legal Name _____ 4. FEIN/SSN: _____
5. Trade Name: (DBA) _____ 6. "STAMP MAIL TO" ADDRESS: (street and number) _____
10. Business Address: (street and number) _____ 7. City: _____ 8. State: _____ 9. Zip Code: _____
11. City: _____ 12. State: _____ 13. Zip Code: _____ 14. Business Telephone: _____

15. HAS YOUR ADDRESS CHANGED? ☐ Yes ☐ No If Yes, draw a line through the incorrect information and enter the correct address information on lines 10-13 above. Use "Stamp Mail To" box above for stamp mailing address.

16. Partners or Corporate Officers: Partnerships and Corporations only. (Attach additional pages if necessary.)

Name: _____ Title: _____ SSN: _____
Name: _____ Title: _____ SSN: _____

17. (a) U.S. Department of Transportation Census Number Below:

(b) Exempt Interstate motor carrier must list insurance company, policy number and effective date

FOR OFFICIAL USE ONLY

FRANCHISE FEE (STAMP ORDER) AND FILING FEES.	Month	Day	Year	Quantity	Unit Cost	TOTAL
18. EXEMPT INTERSTATE "BINGO" STAMPS. Expiration Date:	12	31				
19. INTRASTATE [CAB CARDS] Expiration Date:	12	31				
20. INTENTIONALLY LEFT BLANK						
21. Annual Re-registration is NOT required in Illinois						
22. D-1 EXEMPT INTERSTATE CAB CARDS (1 for each bingo stamp)					\$1.00	
23. Evidence of Public Liability and Property Damage Insurance (FORM E) must be submitted prior to issuance.						
24. TOTAL REMITTANCE (add lines 18-23). Make Check payable to Illinois Commerce Commission (U.S. Funds Only).						

25. Certifying Statement and Signature. I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. Signature below authorizes the Illinois Commerce Commission to lower the amount of the check if fees submitted exceed the correct amount. A power of attorney form is required with a processing agent signature.

Authorized Signature: _____ Position Title: _____ Date: _____

- Item 1. Purpose of form
- a. New exempt registration or re-registration as an Exempt Interstate Commerce Commission motor carrier of property in accordance with Illinois Revised Statutes, Chapter 95 1/2, 18c-4401-4404. Note: Annual re-registration is not required in Illinois; but annual purchase of stamps is required.
 - b. Interstate Form D-1. Franchise Fee ("Bingo") stamp purchase.
 - c. Intrastate cab card purchase (Illinois intrastate carriers only).
 - d. name change only. Transfers of authority are considered to be new registrations. (A transfer is not considered to be a name change. It is a new registration).
- Item 2. Select the correct business type. Place a check mark on the form in the appropriate box. Check only one. If the state of incorporation is different from line 12, enter the new state in the space provided.
- Item 3. Sole Proprietorship: Last name, first name, and middle initial.
Partnership: The legal name of the partnership exactly as it appears on the partnership's agreement.
Corporation: The corporate name exactly as listed on the corporation's charter or other legal document creating the corporation.
- Item 4. Sole Proprietorship: Federal Employee Identification Number (FEIN). If the applicant is not required to have a FEIN, enter the applicant's social security number.
Partnership: Partnerships Federal Employee Identification Number (FEIN).
Corporation: Corporation's Federal Employee Identification Number (FEIN).
- Item 5. Trade name, if any, and if different from the legal, name in Item 3 above. The trade name should be entered exactly as last registered with the state or local governing body which regulates trade or business names in your locality.
- Item 6-9. Stamp mail to address. This space may be used for a P.O. box or terminal address.
- Items 10-13. Address of principal place of business. This address must be the actual physical location of the business. Do not use P.O. box number, permitting agent; re-mailing service or terminal addresses in this space.
- Item 14. Business telephone number.
- Item 15. If permanent business address has changed; check "yes" in the box provided, and draw a line through incorrect information and enter the correct information next to or above the incorrect information.
- Item 16. For partnerships and corporations: Enter name and title of each partner or corporate office. Attach additional pages if necessary.
- Item 17. Enter (1) U.S. Department of Transportation Census number and (2): your insurance company name and personal (bodily injury) liability and property damage policy number and:
- Item 18. Interstate: Enter quantity of stamps. Multiply quantity by unit cost for total: -.
- Item 19. Intrastate: Enter quantity of stamps. Multiply quantity by unit cost for total.
- Item 20. Intentionally left blank
- Item 21. If you are re-registering, you must enter your old Illinois motor carrier number in the space provided in the upper right-hand corner of the form.
- Item 22. If you are ordering exempt (bingo) interstate stamps, you must have a D-1 cab card for each EXEMPT INTERSTATE stamp purchased.
- Item 23. Contact your insurance company to submit Form E - Public Liability and Property Damage.
- Item 24. Add totals in lines 18-23 and enter total remittance, Make checks payable to Illinois Commerce Commission.
- Item 25. Read certifying statement. Sign application, enter your position/title and the date. A power of attorney is required if an agent signs the application.